# Case: 1:16-cv-08711 Document #: 1 Filed: 09/06/16 Page 1 of 7 PageID #:1

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]



# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS

|                                                                                   | RECEIVED<br>9-6-16<br>SEP 06 2016 **                                   |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Javier Perez                                                                      | SEP 06 2016 *                                                          |
|                                                                                   | THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT                            |
| (Enter above the full name of the plaintiff or plaintiffs in this action)         |                                                                        |
| VS.                                                                               | 1:16-cv-8711                                                           |
| Tom Dart                                                                          | Judge Milton I. Shadur Magistrate Judge Susan E. Cox PC5               |
|                                                                                   |                                                                        |
| (Enter above the full name of ALL defendants in this action. Do not use "et al.") |                                                                        |
| CHECK ONE ONLY:                                                                   |                                                                        |
|                                                                                   | THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 , or municipal defendants) |
|                                                                                   | THE CONSTITUTION ("BIVENS" ACTION), TITLE  Code (federal defendants)   |
| OTHER (cite statute, if                                                           | known)                                                                 |
| BEFORE FILLING OUT THIS COM                                                       | PLAINT. PLEASE REFER TO "INSTRUCTIONS FOR                              |

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I.

| 1.  | Plaintiff(s): |                                                                                                                                                                                                                                                 |
|-----|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | A.            | Name: Javier Perez                                                                                                                                                                                                                              |
|     | В.            | List all aliases: NONE                                                                                                                                                                                                                          |
|     | C.            | Prisoner identification number: M24478                                                                                                                                                                                                          |
|     | D.            | Place of present confinement: Lincoln comediany center                                                                                                                                                                                          |
|     | E.            | Address: PO box 549, Lincoln, IL 62656                                                                                                                                                                                                          |
|     | numb          | ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a ate sheet of paper.)                                              |
| II. | (In A positi  | below, place the full name of the first defendant in the first blank, his or her official on in the second blank, and his or her place of employment in the third blank. Space to additional defendants is provided in <b>B</b> and <b>C</b> .) |
|     | A.            | Defendant:                                                                                                                                                                                                                                      |
|     |               | Title:                                                                                                                                                                                                                                          |
|     |               | Place of Employment: Cook Coanty Jail                                                                                                                                                                                                           |
|     | B.            | Defendant: Tom Dart                                                                                                                                                                                                                             |
|     |               | Title: COOK County Sheriff                                                                                                                                                                                                                      |
|     |               | Place of Employment:                                                                                                                                                                                                                            |
|     | C.            | Defendant:                                                                                                                                                                                                                                      |
|     |               | Title:                                                                                                                                                                                                                                          |
|     |               | Place of Employment:                                                                                                                                                                                                                            |
|     |               |                                                                                                                                                                                                                                                 |

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

| A. | Name of case and docket number:                                                                             |
|----|-------------------------------------------------------------------------------------------------------------|
| B. | Approximate date of filing lawsuit:                                                                         |
| C. | List all plaintiffs (if you had co-plaintiffs), including any aliases:                                      |
| D. | List all defendants: MA                                                                                     |
| E. | Court in which the lawsuit was filed (if federal court, name the district; if state court name the county): |
| F. | Name of judge to whom case was assigned:                                                                    |
| G. | Basic claim made:                                                                                           |
| Н. | Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):      |
| I. | Approximate date of disposition:                                                                            |

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Now comes, Javier Perez, with the core of my complaints the pain and suffering I received and the cruel and unusual punishments inflicted to me during MY Stay at THE COOK COUNTY Jail. I was Placed in Division 5 of the cook county dail, which at the time. Was condemed. Its Living Quarters had spiders, Roques insects and mice Running freely throughout the day room and cell's. The cells I had been in all had mold on the Walls, ceilings, vents and near the toilets. I continuously, complained, complained and complained with no avail, staff simply moved me from one cell to another. Actually, my first night in Division It was so over crowded . I was made to sleep in the Day room floor. After afew Day's I had seen the 1st Floor's to: 1845 Back up on continuius Bases Flooding the cell's and running on to the day room Floor with wrine and feces. The emotional stress and ensanitary Living conditions were so neary trut

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| it began to take a toll on my health. On              |
|-------------------------------------------------------|
| Occasion, Staff open tired of My crys for help        |
| that I was taken to their health care services        |
| Yet, was not properly taken care of the living        |
| greas were all continueted with mold including        |
| the shower area (walls , cealling and corner floors)  |
| While showering the ceiling would Drip conden sigtion |
| While I took Showers. Those Dripiets came off of      |
| Molded ceilings on to me during showers.              |
|                                                       |
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#### V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated for the Deliberate indifference, cruel and unusual ponishment and mental stress i anguish inflicted upon me-from my stay at the cook county Jails unfit, Run down, Rodent infested, molt contaminated and uninhabitable Living conditions in Division 5 condemned Housing unit.

VI. The plaintiff demands that the case be tried by a jury. WYES NO

#### **CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this Ol day of Sep , 2016

Javer Perez

(Signature of plaintiff or plaintiffs)

Javer Perez

(Print name)

M24478

(I.D. Number)

PO box 549

LNCOIN IL 62656

(Address)

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1:16-cv-8711 Judge Milton I. Shadur Magistrate Judge Susan E. Cox

-INCOIN 11 62656

PO 20 X 549

Javier Yerez #M24478 Prisoner Correspondence United States District cart 2195. Dearborn Street 20th Fibor Chicaso, IL 60604

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